



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106600008

CITY OR TOWN SALISBURY

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORMANDY INC.

DOING BUSINESS AS NORMANDY LOUNGE & HOTEL

ADDRESS 16 BROADWAY

CITY/TOWN: SALISBURY

STATE: MA

ZIP CODE: 01952

MANAGER: Roberge, Louise

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

COCKTAIL LOUNGE AND SERVICE BAR ON FIRST FLOOR; STORAGE ON WEST SIDE, EXITS ON NORTH SIDE. SECOND FLOOR COCKTAIL LOUNGE, BALCONIES, SERVICE BAR, EXITS ON EAST AND WEST SIDES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106600025

CITY OR TOWN SALISBURY

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ATLANTIC HOSPITALITY GROUP

DOING BUSINESS AS Surfside 5

ADDRESS 25 BROADWAY

CITY/TOWN: SALISBURY

STATE: MA

ZIP CODE: 01952

MANAGER: CAPOLUPO,
WAYNE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MASONRY AND STEEL FRAME BUILDING CONSISTING OF BAR, LOUNGE, STORAGE AND UTILITY ROOMS, RESTROOMS AND DECK ALL ON SAME ENTIRE FLOOR.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106600074

CITY OR TOWN **SALISBURY**

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR **2013**

CLASS

YEAR

LICENSEE NAME: **SWEETHART CORP., INC.**

DOING BUSINESS AS **KITTEN'S**

ADDRESS **99 BRIDGE RD**

CITY/TOWN: **SALISBURY**

STATE: **MA**

ZIP CODE: **01952**

MANAGER: **McCANN MOURY, TYPE OF LICENSE: Restaurant**
DEBRA

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

**CONVERTING PORTION OF EXISTING KITCHEN INTO BILLIARD AND ARCADE ROOM; BUILDING
INTERIOR WALL TO SEPARATE EXISTING ELECTRICAL RM. FROM BILLIARD/ARCADE RM.
CONVERTING STORAGE AREA INTO WALKIN COOLER.**

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

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By:

DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106600084

CITY OR TOWN SALISBURY

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 5-YOGI CONVENIENCE STORE INC.

DOING BUSINESS AS GULF EXPRESS

ADDRESS 5 BRIDGE ROAD

CITY/TOWN: SALISBURY

STATE: MA

ZIP CODE: 01952

MANAGER: PATEL,
MANISHKUMAR
D.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

60 X 40 CONVENIENCE STORE AND GAS STATION LOCATED AT 5 BRIDGE ROAD

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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